



This Form Based on PTO/SB/21

DPO/09

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/590,514
		Filing Date	03/15/2007
		First Named Inventor	Kiichiro KATO
		Group Art Unit	4132
		Examiner Name	VONCH, JEFFREY A
		Attorney Docket Number	24-036-TN

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Form PTO-1449-PLG [listing 3 references and 2 foreign communications]
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Copy each of 3 foreign references
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	<input type="checkbox"/> Copy each of 2 foreign communication
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	David G. Posz (Reg. No. 37,701) Posz Law Group, PLC
Signature	
Date	October 15, 2009

OCT 15 2009

PTO/SB/17

Approved for use through 06/30/2010. OMB 0651-0032  
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*Office of TRADEMARKS*  
**Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).**

# FEE TRANSMITTAL For FY 2009

Applicant Claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **(\$) 180**

<b>Complete if known</b>	
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#### METHOD OF PAYMENT (check all that apply)

- Check    Credit Card    Money Order    None    Other (please identify): \_\_\_\_\_
- Deposit Account   Deposit Account Number: **50-1147**   Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- Charge fee(s) indicated below    Charges fee(s) indicated below, except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17    Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fees Paid (\$)</u>
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	<u>- 20 or HP =</u>	<u>x</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	0	x	\$52	\$0	\$390	\$0

HP = highest number of total claims paid for, if greater than 20

<u>Indep. Claims</u>	<u>Extra Claims</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
	<u>- 3 or HP =</u>	<u>x</u>			<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	0	x	\$220	\$0	\$390	\$0

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

$$\begin{array}{cccccc} \text{Total Sheets} & \text{Extra Sheets} & \text{Number of each additional 50 or fraction thereof} & \text{Fee ($)} & = & \text{Fee Paid ($)} \\ - 100 = & 0 & / 50 = & (\text{round up to a whole number}) & x & = \$0 \\ & & & & & \text{Fees Paid ($)} \end{array}$$

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Information Disclosure Statement Fee pursuant to 37 CFR 1.17(p) **\$180**

#### SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	37,701	Telephone	(703) 707-9110
Name (Print/Type)	DAVID G. POSZ			Date	October 15, 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.